

INITIAL STATEMENT OF REASONS
FOR THE PROPOSED CHANGES TO THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT'S
PATIENT DISCHARGE DATA REPORTING REQUIREMENTS

The Office of Statewide Health Planning and Development (hereafter "the Office") proposes changes to requirements for California hospitals as stated in the California Code of Regulations (CCR), Title 22, Division 7, Chapter 10, Health Facility Data, Article 8, Discharge Data Reporting Requirements.

ADMINISTRATIVE REQUIREMENTS, SPECIFIC PURPOSES, AND RATIONALE

The Health Data and Advisory Council Consolidation Act of 1984 (California Health and Safety Code Sections 128675 through 128815) requires that every hospital file a Hospital Discharge Abstract Data Record with the Office for each patient discharged from a California hospital. Existing CCR Sections 97210 through 97243 interpret, define, and implement Subdivision (g) of Section 128735.

As public information, these data are available to officials at all levels of state and local government for their use in formulating and evaluating health system policies and in managing governmental health delivery programs. These data are also available to health care providers, discharge planners, health care consultants, employers, insurers, organized labor, clinical researchers, and other health care purchasers who may use the information to make informed decisions in the health care market.

Revisions to California Code of Regulations Sections 97210 through 97243, except 97211 and 97223, are proposed to delete language specifying methods of submission; to delete the definition for the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R); to insert definitions for a do not resuscitate (DNR) order, methods of submission, and the term computer media; to require use of the revised Manual Abstract Reporting Form (OSHDP 1370) and format and specifications for discharges on or after January 1, 1999; to delete that sufficient copies of form OSHDP 1370 will be supplied to hospitals, to insert that hospitals will be supplied one copy of form OSHDP 1370, and to require that hospitals reproduce additional copies on paper in front and back order themselves; to require that the ZIP Code of the homeless be reported as ZZZZZ; to require that the year of the admission, discharge, principal procedure, and other procedures' dates be reported with four digits; to delete the term long-term care and replace it with skilled nursing/intermediate care; to delete accepting DSM IV codes for psychiatric diagnoses; to require that other procedures be coded with the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM); to create an ending effective date of December 31, 1998, for reporting expected source of payment with the current categories and to require reporting expected source of payment with expanded categories to include managed care plan names; to create a section, 97233, to collect prehospital care and resuscitation (DNR orders), to delete the table that individually by data element identifies default values and to insert language to state default values collectively; and to delete the specified number of corrections required to replace data and to delete the specified number of records necessary to require corrections as a result of not meeting data element definitions and/or specified error tolerance levels.

Minor (nonsubstantive) revisions are also proposed to revise grammar and punctuation, so that language is consistent throughout the regulations, to delete versions and portions that no longer apply, and to renumber regulatory provisions because of proposed deletions and additions.

The purpose of the revisions and additions is to improve program efficiency and to clarify, interpret, and implement the data reporting requirements of Subdivision (g) of Section 128735, Health and Safety Code.

The proposed patient discharge data reporting requirements would be effective 30 days after filing with the Secretary of State. The new reporting requirements would be for discharges on or after January 1, 1999.

STUDIES, REPORTS, OR DOCUMENTS RELIED UPON IN PROCESSING AMENDMENTS

In January 1998, the Office mailed a brief survey to the Patient Discharge Data Section's hospital contact person at all California hospitals. The survey was designed to obtain an estimate from each hospital regarding the cost of collecting and reporting the proposed major regulation changes contained in this action. The proposed major regulation changes require that hospitals report the presence or absence of a Do Not Resuscitate (DNR) order, revise Expected Source of Payment categories, and add two digits, for a total of four digits, to reported years of dates. The Office received 210 responses to the survey, representing 238 hospitals. The Office relied on the survey results in proposing the revisions. AB 3639 (Chapter 1063, Statutes of 1994) mandated collection of Prehospital Care and Resuscitation (DNR orders) in response to letters from hospitals concerning the Office's California Hospital Outcomes Project on myocardial infarction published in December 1993.

The Medicare and Medicaid Guide - Number 998 issued on January 15, 1998, explains that the Health Care Financing Administration's Center for Health Plans and Providers issued Operational Policy Letter Number 64, which requires managed care plans to work with hospitals to ensure that all hospital discharges of Medicare managed care enrollees are identified.

In November 1997, the Office received a memorandum from the Chief of the Disproportionate Share Unit, Department of Health Services, in support of the Office's proposed expansion of current categories of the data element Expected Source of Payment providing critical data needed for Disproportionate Share Hospital Program's calculations. In December 1997, the Office received a letter from a health economist in support of the proposed changes to this data element, indicating assistance to his industry in tracking activities related to the changing nature of care as Medi-Cal moves to managed care. This supporter stated there should be no adverse impacts on hospitals that are required to provide the data.

ALTERNATIVES CONSIDERED

Alternative models of the structures for the Prehospital Care and Resuscitation and the Expected Source of Payment data elements were presented to the California Health Policy and Data Advisory Commission and that commission's Health Data and Public Information Committee, who selected the alternatives proposed.

In accordance with Government Code Subparagraph (7) of Subdivision (a) of Section 11346.5, the

Office has determined that no alternatives would be more effective in carrying out the purpose for which the action is proposed or less burdensome to affected private persons than the proposed action.

Section 97210 (b)

Specific Purpose:

The proposed revision deletes the parenthetical phrase detailing method of submission, inserts the phrase change in, and inserts the word designated.

Rationale for Necessity:

The proposed change deletes the parenthetical phrase detailing method of submission that is repeated throughout the regulations, as this action proposes a definition for the term method of submission in Section 97212. Please see Section 97212 (g), new, for details. The proposed change inserts the phrase change in, so that language is specific and consistent throughout the regulations. The proposed change inserts the word designated to specify that the new agent is designated by the hospital.

Section 97210 (c)

Specific Purpose:

The proposed revision deletes the parenthetical phrase detailing method of submission.

Rationale for Necessity:

The proposed change deletes the parenthetical phrase detailing method of submission that is repeated throughout the regulations, as this action proposes a definition for the term method of submission in Section 97212. Please see Section 97212 (g), new, for details.

Section 97212

Specific Purpose:

The proposed revision deletes the version of Section 97212 that applies to discharge data through December 31, 1996, and deletes the paragraph that specifies the current version of Section 97212.

Rationale for Necessity:

The Office has completed review of discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes the version of Section 97212 that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current versions. With deletion of the outdated version, the specifying paragraph in the current version is no longer necessary.

Section 97212 (b), New

Specific Purpose:

The proposed revision defines the term computer media.

Rationale for Necessity:

The term computer media and its parenthetical phrase, i.e., computer tape (reel or cartridge) or diskette is repeated multiple times throughout the regulations specific to this action. The Office is able now to accommodate submission of discharge data reports on compact disk in addition to the current computer media. With the additional acceptance of compact disks, it will be less confusing and cumbersome to have a specific definition for this term, so that the parenthetical phrase does not have to be repeated throughout the regulations. This term is accepted by the Office's data providers and users as standard terminology.

Section 97212 (b)

Specific Purpose:

The proposed revision rennumbers Subsection (b) to Subsection (c), deletes and inserts phrases, and restructures language.

Rationale for Necessity:

A new definition is proposed in Section 97212 necessitating that Subsection (b) be renumbered Subsection (c). The current definition for Designated Agent contains examples only, which are not in sentence form. The proposed change states in sentence form the meaning of a designated agent.

Section 97212 (c)

Specific Purpose:

The proposed revision rennumbers Subsection (c) to Subsection (d).

Rationale for Necessity:

A new definition is proposed in Section 97212 necessitating that Subsection (c) be renumbered Subsection (d).

Section 97212 (c) (2)

Specific Purpose:

The proposed revision changes a reference.

Rationale for Necessity:

Two new definitions are proposed in Section 97212 necessitating the reference change from Subsection

(g) to Subsection (i).

Section 97212 (d)

Specific Purpose:

The proposed revision renumbers Subsection (d) to Subsection (e).

Rationale for Necessity:

A new definition is proposed in Section 97212 necessitating that Subsection (d) be renumbered Subsection (e).

Section 97212 (e)

Specific Purpose:

The proposed revision renumbers Subsection (e) to Subsection (f), deletes the definition of DSM-III-R, and inserts a definition for a Do Not Resuscitate (DNR) order.

Rationale for Necessity:

A new definition is proposed in Section 97212 necessitating that Subsection (e) be renumbered Subsection (f). The proposed change deletes the definition for DSM-III-R. DSM-III-R is the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, which was a coding classification for mental disorders. DSM IV is the current edition of this publication. ICD-9-CM is the International Classification of Diseases, 9th Revision, Clinical Modification. Sections 97225 and 97226 state, in part, that diagnoses shall be coded according to ICD-9-CM, except that psychiatric diagnoses may be coded according to DSM IV. The Office did convert DSM-III-R codes to ICD-9-CM codes when the definitions were the same. Previous changes to Sections 97225 and 97226 changed DSM-III-R to DSM IV, but, inadvertently, the change was not made in Subsection (e) of Section 97212. When DSM IV codes are reported, the Office no longer converts them to ICD-9-CM codes because, although the code numbers are the same, the definitions are different. The Office is also proposing changes to Sections 97225 and 97226 to delete that DSM IV codes may be reported for psychiatric diagnoses because the definitions between DSM IV codes and ICD-9-CM codes are different. Any Hospital, of course, may request a modification to report DSM-IV codes for psychiatric diagnoses.

The proposed change inserts a definition for a Do Not Resuscitate (DNR) Order. In September 1994, AB 3639 added the following data element to the Hospital Discharge Abstract Data Record (Subdivision (g) of Section 128735 of the Health and Safety Code):

- (6) Prehospital care and resuscitation, if any, including all of the following:
- (A) “Do not resuscitate” (DNR) order at admission.
 - (B) “Do not resuscitate” (DNR) order after admission.

The addition to the mandate was partially in response to letters from hospitals concerning the Office’s California Hospital Outcomes Project on myocardial infarction published in December 1993. In effect, the letters stated that the outcomes of acute myocardial infarction patients were affected by whether or not a do not resuscitate (DNR) order was in effect during a patient’s hospitalization. Similar comments were received in response to the May 1996 California Hospital Outcomes Project report on myocardial infarction. This action includes a proposal to add Section 97233, Definition of Data Element—Prehospital Care and Resuscitation, to require that hospitals report whether or not a DNR order was written at the time of or within the first twenty-four hours of the patient’s admission to the hospital.

Section 97212 (f)

Specific Purpose:

The proposed revision rennumbers Subsection (f) to Subsection (g).

Rationale for Necessity:

A new definition is proposed in Section 97212 necessitating that Subsection (f) be renumbered Subsection (g).

Section 97212 (h), New

Specific Purpose:

The proposed revision defines the term method of submission.

Rationale for Necessity:

The proposed change defines the term method of submission. The term method of submission and its parenthetical phrase, i.e., (Manual Abstract Reporting Form (OSHPD 1370), computer tape (reel or cartridge) or diskette), is repeated multiple times throughout the regulations specific to this action. The Office is able now to accommodate submission of discharge data reports on compact disk in addition to the current methods. With the additional acceptance of compact disks, it will be less confusing and cumbersome to have a specific definition for this term, so that the parenthetical does not have to be repeated throughout the regulations. The term is accepted by the Office’s data providers and users as standard terminology.

Section 97212 (g)

Specific Purpose:

The proposed revision rennumbers Subsection (g) to Subsection (i).

Rationale for Necessity:

Two new definitions are proposed in Section 97212 necessitating that Subsection (g) be renumbered Subsection (i).

Section 97212 (g) (2)

Specific Purpose:

The proposed revision deletes the reference to Title 22, California Code of Regulations.

Rationale for Necessity:

Title 22, California Code of Regulations, is referenced twice in the regulations, Subsection (g) (2) of Section 97212. The proposed change deletes the reference. The other option considered was to insert the reference to Title 22, California Code of Regulations, whenever a Section or Subsection of Title 22 was mentioned, which is numerous times.

Section 97212 (g) (5)

Specific Purpose:

The proposed revision inserts the word as, deletes the phrase specified in and inserts the phrase those defined by, changes references, and deletes the reference to Title 22, California Code of Regulations and inserts the phrase this section.

Rationale for Necessity:

The proposed change inserts the word as, so that language is consistent throughout the regulations. The proposed change deletes the phrase specified in and inserts the phrase those defined by to state that the reference is in a definition. Two new definitions are proposed in Section 97212 necessitating the reference change from Subsection (g) to Subsection (i). The proposed change deletes the reference to Section 97212 of Title 22, California Code of Regulations and replaces it with the phrase this section as the references are in the section. Please also see Section 97212 (g) (2) above.

Section 97212 (h)

Specific Purpose:

The proposed revision renumbers Subsection (h) to Subsection (j).

Rationale for Necessity:

Two new definitions are proposed in Section 97212 necessitating that Subsection (h) be renumbered Subsection (j).

Section 97212 (i) and (j)

Specific Purpose:

The proposed revision renumbers Subsections (i) and (j) to (k) and (l), respectively, and inserts punctuation.

Rationale for Necessity:

Two new definitions are proposed in Section 97212 necessitating that Subsections (i) and (j) be renumbered Subsections (k) and (l), respectively. The proposed change inserts punctuation, so that language is consistent throughout the regulations.

Section 97213

Specific Purpose:

The proposed revision deletes the version of Section 97213 that applies to discharges through December 31, 1996, and deletes the paragraph that specifies the current version of Section 97213.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes the version of Section 97213 that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current version. With deletion of the outdated version, the specifying paragraph in the current version is no longer necessary.

Section 97213 (b), (c), (d), (e), and (f)

Specific Purpose:

The proposed revision changes a reference, deletes the phrase detailing computer media, and inserts the term computer media.

Rationale for Necessity:

Two new definitions are proposed in Section 97212 necessitating the reference changes from Subsection (g) to Subsection (i). The proposed change deletes the phrases detailing computer media that are repeated throughout the regulations and inserts the term computer media, as this action proposes a definition for the term computer media in Section 97212. Please see Section 97212 (b), new, above, for details.

Section 97213 (g)**Specific Purpose:**

The proposed revision deletes the current statement that by intent gives the manner, single medium, in which hospitals are required to submit discharge data reports to the Office and inserts more specific language.

Rationale for Necessity:

The proposed change deletes the current language requiring hospitals to submit discharge data reports on a single medium. The intent of the current language is to discontinue hospitals with two or more types of care from submitting discharge data reports on multiple media, i.e., Manual Abstract Reporting Form (MARF), diskette, and computer tape. The proposed change specifies more clearly the manner in which hospitals with two or more types of care are required to submit discharge data reports, i.e., at one time, use one method of submission, and include all types of care.

Section 97214**Specific Purpose:**

The proposed revision deletes the version of Section 97214 that applies to discharges through December 31, 1996, and deletes the paragraph that specifies the current version of Section 97214.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes the version of Section 97214 that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current versions. With deletion of the outdated version, the specifying paragraph in the current version is no longer necessary.

Section 97214 (a)**Specific Purpose:**

The proposed revision inserts the phrase with each discharge data report, inserts punctuation, deletes the word described, and inserts the word specified.

Rationale for Necessity:

The proposed change inserts the phrase with each discharge data report, so that language is specific and consistent throughout the regulations. The proposed change inserts punctuation and deletes the word described and inserts the word specified, so that language is consistent throughout the regulations.

Section 97214 (b)

Specific Purpose:

The proposed revision deletes the phrase referencing the MARF, inserts the phrase discharge data report, deletes the phrase detailing computer media, inserts punctuation; deletes the parentheses and the word described and inserts the word specified, deletes the parenthetical phrase (if a tape), and deletes the phrase defined by and inserts the phrase specified in.

Rationale for Necessity:

The proposed change deletes the phrase rather than the MARF (OSHPD 1370) and the phrase detailing computer media, which are unnecessary as the subsection is specific to computer media and this action proposes a definition for the term computer media in Section 97212. The proposed change inserts the phrase discharge data report, so that language is specific and consistent throughout the regulations. The proposed change inserts and deletes punctuation, deletes the word described and inserts the word specified, deletes the parenthetical phrase (if a tape), and deletes the phrase defined by and inserts the phrase specified in, so that language is consistent throughout the regulations.

Section 97214 (c)

Specific Purpose:

The proposed revision inserts the phrase for each discharge data report.

Rationale for Necessity:

The proposed change inserts the phrase for each discharge data report, so that language is specific and consistent throughout the regulations.

Section 97214 (d)

Specific Purpose:

The proposed revision inserts the phrase discharge data report, deletes the phrase detailing computer media, changes grammar, deletes the parenthetical phrase (if a tape), and deletes the parenthetical phrase (reel or cartridge).

Rationale for Necessity:

The proposed change inserts the phrase discharge data report and deletes the phrase detailing computer media, so that language is specific and consistent throughout. The proposed change corrects grammar. The proposed change deletes the parenthetical phrase (if a tape), which is extraneous. The proposed change deletes the parenthetical phrase detailing types of computer tapes, as the definition for computer media includes that detail.

Section 97214 (e)

Specific Purpose:

The proposed revision inserts punctuation.

Rationale for Necessity:

The proposed change inserted punctuation, the closing parenthesis, that was inadvertently omitted in previous nonsubstantive changes.

Section 97215, Paragraph 1

Specific Purpose:

The proposed revision deletes the phrase detailing computer media and inserts the term computer media, deletes the outdated MARF, deletes the phrase on and after, inserts a specific ending date for the current MARF, inserts the revised MARF for use with discharges on or after January 1, 1999, deletes that sufficient copies of the MARF will be furnished hospitals and inserts that one copy of the MARF will be furnished, and requires that hospitals make additional copies of the MARF and that each additional MARF be copied on one sheet of paper, front and back.

Rationale for Necessity:

The proposed change deletes the phrase detailing computer media and inserts the term computer media, as this action proposes a definition for the term computer media in Section 97212. The proposed change deletes the outdated MARF. The proposed change deletes the phrase on and after and specifies the effective beginning date of January 1, 1997, and ending date of December 31, 1998, for the MARF revised in June 1996. The proposed change inserts the effective beginning date of January 1, 1999, for the MARF revised in March 1998.

For the January through June 1997 reporting period, there were eighty-three hospitals that submitted discharge data reports partially or entirely on MARF, and the number of MARFs submitted were 30,786, which were furnished to the hospitals by the Office. This action proposes that the Office not provide hospitals with sufficient copies of the MARF and provide them with one copy only. The Office further proposes that the hospitals make their own additional copies of the MARF and that each additional copy be made on one sheet, front (Page 1 of 2) and back (Page 2 of 2). There is no hospital or record identification on the back (Page 2 of 2) of the MARF. If copies are made on two separate pages, the second page will not identify the submitting hospital and specific record and will cause problems if the two sheets of paper are separated. If there is hospital and record identification on the reverse of the MARF, that information will be required to be written on each page twice and will increase completion time. The Office encourages hospitals to submit discharge data reports on computer media for greater efficiency in the collection, editing, and disclosure of data.

Section 97215, Paragraph 2

Specific Purpose:

The proposed revision deletes the phrase detailing computer media and inserts the term computer media, deletes the outdated format and specifications for computer media, deletes the phrase on and after, inserts a specific ending date for the current format and specifications, deletes the word updated and inserts the word revised, inserts the revised format and specifications for computer media for use with discharges on or after January 1, 1999, and changes the word report to reporting.

Rationale for Necessity:

The proposed change deletes the phrase detailing computer media and inserts the term computer media, as this action proposes a definition for the term computer media in Section 97212. The proposed change deletes the outdated format and specifications. The proposed change deletes the phrase on and after and specifies the effective beginning date of January 1, 1997, and ending date of December 31, 1998, for the format and specifications revised on September 1, 1995. The proposed change deletes the word updated and inserts the word revised, so that language is consistent throughout the regulations. The proposed change inserts the effective beginning date of January 1, 1999, for the format and specifications revised in March 1998. The proposed change deletes the word report and inserts the word reporting, so that language is consistent throughout the regulations.

Section 97215, Paragraph 3

Specific Purpose:

The proposed revision deletes a parenthetical phrase and the phrase in whole or part and inserts specific language.

Rationale for Necessity:

The proposed change deletes the parenthetical phrase and inserts the specific language for designated agent, so that language is consistent throughout the regulations. The proposed change deletes the phrase in whole or part, as hospitals are required to submit discharge data reports on one computer medium. Please see Section 97213 (g), above, for details.

Section 97215, Paragraph 4

Specific Purpose:

The proposed revision deletes the phrase such a and inserts the word the, changes punctuation, deletes the parenthetical phrase (or that of its designated agent) and inserts the phrase or its designated agent's, specifies that a computer system consists of both hardware and software, deletes the word submittal and inserts the word submission, and deletes the parenthetical phrase detailing methods of submission.

Rationale for Necessity:

The proposed change deletes the phrase such a and inserts the word the for language consistency. The proposed change changes punctuation. The proposed change deletes the parenthetical phrase (or that of its designated agent) and inserts the phrase or its designated agent's, so that language is consistent throughout the regulations. The proposed change specifies that a computer system consists of both hardware and software, which is not specified in the current regulation, although is intended, and leaves room for interpretation as to when a test is necessary. The proposed change deletes the word submittal and inserts the word submission, so that language is consistent throughout the regulations. The proposed change deletes the parenthetical phrase detailing an example of changing from one method of submission to another, as this action proposes a definition for the term method of submission in Section 97212.

Section 97216

Specific Purpose:

The proposed revision deletes and inserts words, changes grammar, and corrects punctuation.

Rationale for Necessity:

The proposed change deletes and inserts words, changes grammar, and corrects punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. Please see Sections 97221, 97224, 97228, and 97229.

Section 97217

Specific Purpose:

The proposed revision inserts punctuation.

Rationale for Necessity:

The proposed change inserts punctuation previously omitted.

Section 97218 (a) (2) and (3)

Specific Purpose:

The proposed revision inserts punctuation.

Rationale for Necessity:

The proposed change inserts punctuation previously omitted.

Section 97218 (b) (4)**Specific Purpose:**

The proposed revision deletes language and inserts the word includes.

Rationale for Necessity:

The proposed change deletes and inserts language, so that the sentence is converted to an inclusion statement. The structure of this type of statement is consistent throughout the regulations.

Section 97219**Specific Purpose:**

The proposed revision deletes the words coded and inserts the phrase reported as, deletes that ZIP Codes of homeless patients may be reported as ZZZZZ and requires that ZIP Codes of homeless patients be reported as ZZZZZ by inserting the word shall, and changes the term nine-digit to 9-digit.

Rationale for Necessity:

The proposed change deletes the words coded and inserts the phrases reported as, so that language is consistent throughout the regulations. The current regulation states that hospitals may distinguish the homeless by reporting their ZIP Codes as ZZZZZ. Some hospitals are reporting their own ZIP Code for the homeless, some are reporting XXXXX to indicate an unknown ZIP Code, and some are reporting various other ZIP codes. The proposed change of replacing the word may with the word shall requires that the ZIP Codes of homeless patients be reported as ZZZZZ. Requiring that ZZZZZ be reported as the ZIP Code for homeless patients will insure comparability and consistency in reporting from all hospitals. The proposed change in terminology from nine-digit to 9-digit is so that language is consistent throughout the regulations.

Section 97220**Specific Purpose:**

The proposed revision changes the term nine-digit to 9-digit.

Rationale for Necessity:

The proposed change in terminology from nine-digit to 9-digit is so that language is consistent throughout the regulations.

Section 97221

Specific Purpose:

The proposed revision deletes the version of Section 97221 that applies to discharges through December 31, 1996, and deletes the paragraph that specifies the current version of Section 97221. In the current version of Section 97221, the proposed revision inserts the word the, inserts punctuation, increases the number of digits required to report the year of admission, and changes a reference.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes the version of Section 97221 that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current versions. With deletion of the outdated version, the specifying paragraph in the current version is no longer necessary. The proposed change inserts the word the and inserts punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. The proposed change increases the number of digits for reporting the year of admission from two to four. A 2-digit year will not recognize dates, including the century, beyond the year 1999. Please see Sections 97216, 97224, 97228, and 97229. Two new definitions are proposed in Section 97212 necessitating the reference changes from Subsection (g) to Subsection (i).

Section 97222

Specific Purpose:

The proposed revision deletes Subsection (a) that applies to discharges through December 31, 1996, rennumbers the current regulation, and inserts the phrase or after.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes Subsection (a) that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current reporting requirements. Accordingly, the current regulation is renumbered because of the proposed deletion of Subsection (a). The proposed change inserts the phrase or after, so that language is consistent throughout the regulations.

Section 97222 (b) (1) (D), (b) (2) (A), (b) (2) (B), and (b) (2) (C)

Specific Purpose:

The proposed revision deletes the term long-term and inserts the term skilled nursing/intermediate and for (b) (1) (D) only inserts punctuation.

Rationale for Necessity:

The proposed change deletes the term long-term and inserts the term skilled nursing/intermediate. In a previous revision action effective November 13, 1993, the term skilled nursing/intermediate care was changed to long-term care for the above noted subsections of the section. At the time, the reason given was:

“In subsection (b) the existing categories of skilled nursing facility and intermediate care facility (between which hospitals had difficulty distinguishing) have been converted into ‘long-term’ (defined in terms of the care the patient had been receiving, whether the facility was a distinct part of an acute care hospital or a freestanding facility).”

In practice, however, this statement has proved to be incorrect. In general, the Office’s personnel who analyze and disseminate discharge data and who communicate with data providers and users on a daily basis all use the terms skilled nursing, SNF for skilled nursing facility, or SN/IC for skilled nursing/intermediate care. Hospitals report discharges records to the Office by type of care, as defined in Subsections (g) (1) through (g) (5) Section 97212, and Subsection (g) (1) is entitled Skilled nursing/intermediate care. Both skilled nursing and intermediate care beds are defined in Subdivisions (a) (2) through (a) (4) of Section 1250.1 of the Health and Safety Code. As specified in Section 97213, hospitals are required to report skilled nursing/intermediate care type of care patients with the numeric value of 3.

For Subsection (b) (1) (D) only, the proposed change inserts punctuation, so that language is consistent throughout the regulations.

Section 97222 (b) (1) (E)

Specific Purpose:

The proposed revision inserts the terms respiratory care and newborn intensive care and the word or and deletes the abbreviation etc.

Rationale for Necessity:

The proposed change inserts terms and a word to specify the examples of inpatient care of a medical/surgical nature and deletes the abbreviation etc., so that language is consistent throughout the regulations.

Section 97222 (b) (1) (I)

Specific Purpose:

The proposed revision deletes the term VA hospital and deletes and inserts punctuation.

Rationale for Necessity:

The proposed change deletes the term VA hospital, so that patients admitted from a Veterans Administration (VA) or other federal healthcare facility to California hospitals will be reported the same as being received from any other hospital. Source of Admission for the categories of site and licensure of site for Non-California hospitals have been reported without regard to whether the referring hospital was located in California. Source of Admission for the categories of Site and Licensure of Site for VA hospitals has been reported as Other and Not a Hospital, the reason being that VA hospitals are not licensed in California. Please see the following for examples of the current reporting for a patient received from a California hospital, a non-California hospital, and a VA hospital and who is seen in the reporting hospital's emergency room:

Current Reporting a Patient Received from an Acute Care Bed Source of Admission			
Category	California Hospitals	Non-California Hospitals	VA/Other Federal Healthcare Facilities
Site	Acute Hospital Care	Acute Hospital Care	Other
Licensure of Site	Another Hospital	Another Hospital	Not a Hospital
Route	This Hospital	This Hospital	This Hospital

Although in the past VA hospitals were considered to be other than acute care hospitals, they are not. VA hospitals are acute care hospitals and have other types of beds, such as skilled nursing, rehabilitation, psychiatric and chemical dependency. Included with VA hospitals were Department of Defense and other federal healthcare facilities. VA hospitals are not licensed. VA hospitals, as are all hospitals, are reviewed and accredited by the Joint Commission on Accreditation of Healthcare Organizations and are done so by specialty, including home health, ambulatory surgery, and so forth.

Please see the following for examples of the proposed consistent reporting for a patient received from a California hospital, a non-California hospital, and a VA hospital and who is seen in the reporting hospital's emergency room:

Proposed Reporting a Patient Received from an Acute Care Bed Source of Admission			
Category	California Hospitals	Non-California Hospitals	VA/Other Federal Healthcare Facilities
Site	Acute Hospital Care	Acute Hospital Care	Acute Hospital Care
Licensure of Site	Another Hospital	Another Hospital	Another Hospital
Route	This Hospital	This Hospital	This Hospital

In 1995, 0.5% of the patients discharged from California had Source of Admission category Other and Not A Hospital reported.

For the data element Disposition of Patient concerning VA and other federal healthcare facilities, please see Section 97231 (b) (13), below, for details.

The proposed change deletes and inserts punctuation, so that language is consistent throughout the

regulations.

Section 97222 (b) (3) (1)

Specific Purpose:

The proposed revision deletes the term some other and inserts the word another.

Rationale for Necessity:

The proposed change deletes the term some other and inserts the word another, so that language is consistent throughout the regulations.

Section 97224

Specific Purpose:

The proposed revision increases the number of digits required to report the year of discharge.

Rationale for Necessity:

The proposed change increases the number of digits for reporting the year of discharge from two to four. A 2-digit year will not recognize dates, including the century, beyond the year 1999. Please see Sections 97216, 97221, 97228, and 97229.

Section 97225 (a)

Specific Purpose:

The proposed revision deletes the definition for the acronym ICD-9-CM and deletes that psychiatric diagnoses may be coded by the DSM IV coding classification.

Rationale for Necessity:

The proposed change deletes the definition for the acronym ICD-9-CM, as it is stated in Subsection (f) of Section 97212, and the definition is unnecessarily repeated in Subsection (a) of Section 97225. The proposed change deletes that psychiatric diagnoses may be coded by the DSM IV coding classification. The Office cannot convert DSM IV codes to ICD-9-CM codes because the definitions are different. A hospital may request a modification to report DSM-IV codes for psychiatric diagnoses. Please see Section 97212 (e), above, for details.

Section 97225 (b)**Specific Purpose:**

The proposed revision inserts the phrase or after, deletes the phrase even if coded as a V code, and inserts punctuation.

Rationale for Necessity:

The proposed change inserts the phrase or after, so that language is consistent throughout the regulations. The proposed change deletes the phrase even if coded as a V code because the phrase is redundant. V codes are included in a chapter of the ICD-9-CM coding classification and may be assigned as a principal diagnosis. The proposed change inserts punctuation previously omitted.

Section 97226 (a)**Specific Purpose:**

The proposed revision deletes that psychiatric diagnoses may be coded by the DSM IV coding classification.

Rationale for Necessity:

The proposed change deletes that psychiatric diagnoses may be coded by the DSM IV coding classification. The Office cannot convert DSM IV codes to ICD-9-CM codes because the definitions are different. A hospital may request a modification to report DSM-IV codes for psychiatric diagnoses. Please see Section 97212 (e), above, for details.

Section 97226 (b)**Specific Purpose:**

The proposed revision inserts the phrase or after, deletes the phrase including V codes, and inserts punctuation.

Rationale for Necessity:

The proposed change inserts the phrase or after, so that language is consistent throughout the regulations. The proposed change deletes the phrase including V codes because the phrase is redundant. V codes are included in a chapter of the ICD-9-CM coding classification and may be assigned as other diagnoses. The proposed change inserts punctuation previously omitted.

Section 97227

Specific Purpose:

The proposed revision deletes the word first and inserts the word principal, deletes the word additional, deletes the phrase up to three additional and inserts the word additional, and deletes punctuation.

Rationale for Necessity:

The Office's MARF and format and specifications for computer media specify that up to a total of five External Causes of Injury, Poisonings and Adverse Effects (E codes) shall be reported. The current regulations also specify up to a total of five E codes may be reported. These five E codes may include the first E code, the principal; an additional E code for the place of occurrence, if applicable; and up to three additional E codes; a total of up to five E codes. The manner in which this is written is confusing to data providers and users. E codes are not reported in the fields for principal diagnoses or other diagnoses. The proposed change deletes the words and phrase and inserts the words as noted above, so that the language regarding E codes is less confusing. The parentheses are deleted, so that language is consistent throughout the regulations.

Section 97228

Specific Purpose:

The proposed revision deletes the word coding and inserts the words procedures and coded, inserts the word the twice, inserts punctuation, and increases the number of digits required to report the year of the principal procedure date from two to four.

Rationale for Necessity:

The current regulation does not state specifically that procedures will be coded according to ICD-9-CM. The proposed change deletes the word coding and inserts the words procedures and coded, so that language is specific as to what items are to be coded. The proposed change inserts the word the twice and inserts punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. The proposed change increases the number of digits for reporting the year of the principal procedure from two to four. A 2-digit year will not recognize dates, including the century, beyond the year 1999. Please see Sections 97216, 97221, 97224, and 97229.

Section 97229

Specific Purpose:

The proposed revision inserts the following sentence: Procedures shall be coded according to the ICD-9-CM. The proposed revision inserts the word the twice, inserts punctuation, and increases the number of digits required to report the year of the other procedures dates from two to four.

Rationale for Necessity:

The current regulations do not state specifically that procedures will be coded according to ICD-9-CM. The proposed change inserts a sentence that specifies that procedures will be coded and that the coding classification ICD-9-CM will be used to code procedures. The proposed change inserts the word the twice and inserts punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. The proposed change increases the number of digits for reporting the year of other procedures dates from two to four. A 2-digit year will not recognize dates, including the century, beyond the year 1999. Please see Sections 97216, 97221, 97224, and 97228.

Section 97230

Specific Purpose:

The proposed revision inserts punctuation, deletes the word record, and inserts the word report.

Rationale for Necessity:

The proposed change inserts punctuation that was previously omitted. The proposed change deletes the word record and inserts the word report, so that language is consistent throughout the regulations.

Section 97231

Specific Purpose:

The proposed revision deletes Subsection (a) that applies to discharges through December 31, 1996, renumbers the current regulation, and inserts the phrase or after and the word reporting.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes Subsection (a) that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current reporting requirements. Accordingly, the current regulation is renumbered because of the proposed deletion of Subsection (a). The proposed change inserts the phrase or after, so that language is consistent throughout the regulations. The proposed change inserts the word reporting to specify that it is the reporting facility from which the patient is discharged.

Section 97231 (b) (1)

Specific Purpose:

The proposed revision deletes punctuation.

Rationale for Necessity:

The proposed change deletes punctuation, so that language is consistent throughout the regulations.

Section 97231 (b) (2) and (b) (5)

Specific Purpose:

The proposed revision inserts the phrases coronary care, respiratory care, newborn intensive care, or burn and deletes the abbreviation etc. in Subsection (b) (2) and inserts the word care three times in Subsection (b) (5).

Rationale for Necessity:

The proposed change inserts terms and words to specify the examples of inpatient care of a medical/surgical nature and deletes the abbreviation etc., so that language is consistent throughout the regulations.

Section 97231 (b) (3)

Specific Purpose:

The proposed revision deletes the word the and inserts the word this.

Rationale for Necessity:

The proposed change deletes the word the and inserts the word this to specify that the patient was discharged between types of care at the same hospital and not to another hospital.

Section 97231 (b) (4) and (b) (7)

Specific Purpose:

The proposed revision deletes the term long-term and inserts the term skilled nursing/intermediate and for Subsection (b) (7) only deletes the term some other, inserts the word another, and inserts punctuation.

Rationale for Necessity:

The proposed change deletes the term long-term and inserts the term skilled nursing/intermediate. In a previous revision action effective November 13, 1993, the term skilled nursing/intermediate care was changed to long-term care for the above noted subsections of the section. At the time, the reason given was in part:

“Combine ‘skilled nursing care’ and ‘intermediate care.’ The distinction between the two was difficult for hospitals to make, and ‘intermediate care’ was the least frequently used of the existing categories.”

In practice, however, this statement has proved to be incorrect. In general, the Office’s personnel who analyze and disseminate discharge data and who communicate with data providers and users on a daily basis all use the terms skilled nursing, SNF for skilled nursing facility, or SN/IC for skilled nursing/intermediate care. Please see Section 97222 (b) (1) (D), above, for details.

For Subsection (b) (7) only, the proposed change deletes the term some other, inserts the word another, and inserts punctuation previously omitted, so that language is consistent throughout the regulations.

Section 97231 (b) (10)

Specific Purpose:

The proposed revision inserts the term away without leave and inserts parentheses around the acronym AWOL.

Rationale for Necessity:

The proposed revision inserts the term away without leave and inserts parentheses around the acronym AWOL although this is the first and only time the term and acronym is used in the regulations. The term AWOL does have a specific meaning in the mental health community. Generally in the mental health community, AWOL indicates that a patient was given leave for a specified period of time, the bed held, but the patient did not return to the hospital.

Section 97231 (b) (13)

Specific Purpose:

The proposed revision deletes the phrases VA facility, or to an, and that is not part of a hospital and inserts the phrase freestanding, not hospital based.

Rationale for Necessity:

The proposed change deletes the phrase VA facility, so that patients discharged to a VA and other federal healthcare facility from California hospitals will be reported the same as being discharged to any other hospital. Disposition of Patient for the category Other for Non-California hospitals has been reported without regard to whether the referring hospital was located in California. Disposition of Patient for VA hospitals has been reported as Other, the reason being that VA hospitals are not licensed in California. Please see the following table for examples of the current reporting for a patient discharged to acute care at another hospital at a California hospital, a non-California hospital, and a VA hospital:

Current Reporting for a Patient Discharged to Acute Care at Another Hospital or to a VA Hospital Disposition of Patient		
California Hospitals	Non-California Hospitals	VA/Other Federal Healthcare Facility
Acute Care at Another Hospital	Acute Care at Another Hospital	Other

Although in the past VA hospitals were considered to be other than acute care hospitals, they are not. VA hospitals are acute care hospitals and have other types of beds, such as skilled nursing, rehabilitation, psychiatric, and chemical dependency. Included with VA hospitals were Department of Defense and other federal healthcare facilities. VA hospitals are not licensed. VA hospitals, as are all hospitals, are reviewed and accredited by the Joint Commission on Accreditation of Healthcare Organizations and are done so by specialty, including home health, ambulatory surgery, and so forth.

Please see the following for examples of the proposed consistent reporting for a patient discharged to acute care at another hospital at a California hospital, a non-California hospital, and a VA hospital:

Proposed Reporting a Patient Discharged to Acute Care at Another Hospital or to a VA Hospital Disposition of Patient		
California Hospitals	Non-California Hospitals	VA/Other Federal Healthcare Facility
Acute Care at Another Hospital	Acute Care at Another Hospital	Acute Care at Another Hospital

In 1995, 0.2 % of the patients discharged from California hospitals had Disposition of Patient category Other reported.

For the data element Source of Admission concerning VA and other federal healthcare facilities, please see Section 97222 (b) (1) (I), above, for details.

The proposed change deletes the phrases or to an and that is not part of a hospital and inserts the phrase freestanding, not hospital based, so that language is consistent throughout the regulations.

Section 97232

Specific Purpose:

The proposed revision renumbers the current section to Subsection (a) and its categories accordingly, deletes the word on, inserts the word occurring, and inserts a specific ending date for that subsection. The proposed revision inserts a new subsection, (b). The proposed Subsection (b) includes three main categories, the first of which includes nine subcategories, the second of which includes three subcategories, and the third of which includes two tables that include Knox-Keene Licensed Plan names and plan code numbers and Medi-Cal County Organized Health System names and plan code numbers. Rationale for Necessity:

The proposed change renumbers the current regulation by creating Subsection (a) and renumbers Subsection (a)'s subparagraphs from (a) through (n) to (1) through (14). The proposed change deletes the word on, inserts the word occurring, and specifies the effective beginning date of January 1, 1995, and the ending date of December 31, 1998, for reporting the categories in Subsection (a).

The proposed change inserts Subsection (b), which will provide more precise information by reporting the payer category, type of coverage, and the name of Knox-Keene licensed plans and Medi-Cal County Organized Health System. Under the current regulations, it is not possible to distinguish managed care coverage in each of the payer categories in the data element. Because managed care continues to be a growing form of health care coverage in California, the revision of the data element is necessary to reflect this trend. In addition to providing useful information to the public, these proposed changes will provide data that will be useful to the Department of Health Services to determine which hospitals carry a disproportionate share of low-income and Medi-Cal patients, and in tracking days used in the calculation of disproportionate share payments to hospitals for Medi-Cal managed care beneficiaries.

The proposed change of inserting Subsection (b) includes nine payer categories as follows: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Program, Other Government, Other Indigent, Self Pay, and Other Payer. For the payer categories Medicare through Other Government, a selection indicating type of coverage will be made. The selection for type of coverage categories are Managed Care - Knox-Keene/Medi-Cal County Organized Health System, Managed Care - Other, and Traditional Coverage. In addition, a plan code number will be reported for each Knox-Keene licensed plan and each Medi-Cal County Organized Health System. The Plan Code Names and Plan Code Numbers will be revised annually through regulatory process.

Section 97233

Specific Purpose:

The proposed revision inserts a new section entitled Definition of Data Element--Prehospital Care and Resuscitation and requires that hospitals report whether (Yes) or not (No) a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital.

Rationale for Necessity:

The proposed new section entitled Definition of Data Element—Prehospital Care and Resuscitation is in part a direct result of comments received from the health care industry about the results of the Office's December 1993 California Hospital Outcomes Project report on acute myocardial infarction. The comments in effect recommended that the Office collect the presence or absence of a DNR order on and after a patient's admission to the hospital. In September 1994 in response to the recommendations and sponsored by the California Healthcare Association, AB 3639 added the following data element to the Hospital Discharge Abstract Data Record (Subdivision (g) of Section 128735 of the Health and Safety Code):

- (6) Prehospital care and resuscitation, if any, including all of the following:
 - (A) “Do not resuscitate” (DNR) order at admission.
 - (B) “Do not resuscitate” (DNR) order after admission.

Similar comments from the healthcare industry were received concerning the May 1996 California Hospital Outcomes Project report on acute myocardial infarction. This action includes a proposal to define a Do Not Resuscitate (DNR) Order. Please see Section 97212 (e), above, for details.

As noted above the data element does state that two separate categories would be reported, a DNR order at admission and a DNR order after admission. Researchers and technical experts agree that as a risk adjustment factor for outcomes studies DNR orders are only important when in effect at a patient’s admission to a hospital or within the first twenty-four hours of a patient’s admission to a hospital. The recommendation was for one category, whether or not the DNR order is in effect at the time of or within the first twenty-four hours of the patient’s admission. Reporting only the one item is also cost effective for the hospitals.

Section 97239

Specific Purpose:

The proposed revision deletes the portion of the section that applies to discharges through December 31, 1996. The proposed revision inserts the phrase or after, deletes the phrase existing nine digit and inserts the term 9-digit, specifies that the Office assigns the hospital’s identification number, and deletes punctuation.

Rationale for Necessity:

The Office has completed review of the discharge data through December 31, 1996, and the data are available to the public. The proposed change deletes the portion of the section that is no longer applicable to discharge data being submitted and reviewed and eliminates confusion between the outdated and current reporting requirements. The proposed change inserts the phrase or after, so that language is consistent throughout the regulations. The proposed change deletes the word existing as the 9-digit number is assigned in by the Accounting and Reporting Systems Section of the Healthcare Information Division of the Office and does not change. The proposed change deletes nine-digit and inserts 9-digit, so that language is consistent throughout the regulations. The proposed change inserts the phrase assigned by the Office to specify that this hospital identification number is separate and distinct from the hospital’s license number assigned by the Department of Health Services. The proposed change deletes unnecessary punctuation.

Section 97240

Specific Purpose:

The proposed revision inserts the word discharge.

Rationale for Necessity:

The proposed change inserts the word discharge to distinguish which data are required and so that language is consistent throughout the regulations.

Section 97241

Specific Purpose:

The proposed revision inserts punctuation, deletes the word of and inserts the word to, and deletes the phrase as provided by and inserts the phrase pursuant to.

Rationale for Necessity:

The proposed change inserts punctuation previously omitted. The proposed change deletes the word of and inserts the word to and deletes the phrase as provided by and inserts the phrase pursuant to, so that language is consistent throughout the regulations.

Section 97242 (b)

Specific Purpose:

The proposed revision deletes the terms tolerance levels, “admission date,” and “discharge date,” the phrase the hospital’s entire, and punctuation. The proposed revision inserts the words/terms/phrases percentages, the data elements, Admission Date, Discharge Date, each, and with an error in one of the data elements from the hospital’s report.

Rationale for Necessity:

The proposed change deletes and inserts the words/terms/phrases in order to specify that the error percentages are for certain data elements and that this subsection applies to those elements. The current regulation is confusing as to what is deleted if an admission and/or discharge is not reported, the hospital’s entire report or certain of its records. Only those records not containing an admission and/or discharge date are deleted from the hospital’s report and not the whole report. The proposed change specifies that a record is deleted from the hospital’s report. The proposed change deletes punctuation, so that language is consistent throughout the regulations.

Section 97242 (c)

Specific Purpose:

The proposed revision deletes the terms/phrases and thereafter, tolerance levels, “admission date,” “discharge date,” and as shown in Table 2. The proposed revision deletes punctuation. The proposed revision inserts the word/terms/phrases on or after, percentages, Admission Date, Discharge Date, and of blank, which may be represented by a zero, except that for the data element Whether the Condition was Present at Admission for the Principal Diagnosis the Office shall assign the default value of Yes. From Table 1, the proposed revision deletes the words/terms Present at Admission twice and Principal.

Into the Table 1, the proposed revision inserts the term Patient and Condition Present at Admission for twice. Into Table 1, the proposed revision inserts the data element Prehospital Care and Resuscitation and its error tolerance level value of .1%.

The proposed revision deletes Table 2.

Rationale for Necessity:

The proposed change deletes and inserts the terms/phrases in order to specify that the error percentages apply to the data elements other than Admission Date and Discharge Date. The proposed change inserts language for consistency throughout the regulations.

From Table 1, the proposed change deletes Present at Admission twice and Principal and inserts Patient and Condition Present at Admission for twice, so that the titles of the data elements are correct. Into Table 1, the proposed change inserts the newly proposed data element Prehospital Care and Resuscitation and its proposed error tolerance level of .1%.

The proposed change deletes Table 2 because a change is being proposed so the default values for all data elements are blank/zero, except for one. The proposed change inserts of blank, which may be represented by a zero, except that for the data element Whether the Condition was Present at Admission for the Principal Diagnosis the Office shall assign the default value of Yes. The proposed change deletes as shown in Table 2 because of the proposed change to delete Table 2.

The proposed change deletes punctuation, so that language is consistent throughout the regulations.

Section 97242 (d) (1)

Specific Purpose:

The proposed revision deletes the words/terms tolerance level, of, “sex,” and “unknown.” The proposed revision inserts words/terms/phrases percentage, for the data element, Sex, and unknown sex.

Rationale for Necessity:

The proposed change deletes words/terms tolerance level, of, “sex,” and “unknown” and inserts words/terms/phrases for the data element, Sex, and unknown sex to specify that the error percentage is for a data element, to specify which data element, to specify that the category unknown sex is included in calculating the error percentage, and to make language consistent throughout the regulations.

Section 97242 (d) (2) through (d) (9), except (d) (8)**Specific Purpose:**

The proposed revisions delete and insert words/terms/phrases appropriate to the noted data elements. The specific purpose for all of these items is the same as explained in Section 97242 (d) (1). The proposed revision renumbers Subsections (d) (5) (a) through (d) (7) to Subsections (d) (5) through (d) (8).

Rationale for Necessity:

The proposed changes delete and insert words/terms/phrases appropriate in these subsections and in calculating their error percentages. The rationale for all of these items is the same as explained in Section 97242 (d) (1). The proposed change renumbers Subsections (d) (5) (a) through (d) (7) to Subsections (d) (5) through (d) (8) as Subsections (d) (5) (a) and (d) (5) (b) were previously incorrectly numbered.

Section 97242 (d) (8)**Specific Purpose:**

The proposed revision deletes Subsection (d) (8).

Rationale for Necessity:

The proposed change deletes Subsection (d) (8) because blank and invalid Social Security numbers are a standard used in calculating the error percentage.

Section 97243 (a)**Specific Purpose:**

The proposed revision deletes punctuation.

Rationale for Necessity:

The proposed change deletes punctuation, so that language is consistent throughout the regulations.

Section 97243 (a) (1), (2), (3), and (4)**Specific Purpose:**

The proposed revisions delete and insert words and phrases.

Rationale for Necessity:

The proposed changes delete and insert words and phrases, so that language and sentence structure is correct and consistent throughout the regulations.

Section 97243 (b)

Specific Purpose:

The proposed revision deletes the phrases submitted on computer media and after having corrected data and other problem(s) and inserts the phrase correct and/or.

Rationale for Necessity:

The proposed change deletes the phrase submitted on computer media, so that Subsection (b) is applicable to all methods of submission. The proposed change deletes the phrase after having corrected data and other problem(s) and inserts the phrase correct and/or, so that language is consistent throughout the regulations. The Office is proposing that Subsection (c) of Section 97243 be deleted and its subparagraphs be combined with those in Subsection (b) or stand alone in Subsection (b).

Section 97243 (b) (1)

Specific Purpose:

The proposed revision deletes the word was and inserts the word is.

Rationale for Necessity:

The proposed change deletes the word was and inserts the word is, so that language is consistent throughout the regulations.

Section 97243 (b) (2)

Specific Purpose:

The proposed revision deletes and inserts words and phrases.

Rationale for Necessity:

The proposed change deletes and inserts words and phrases, so that language is consistent throughout the regulations.

Section 97243 (b) (3)**Specific Purpose:**

The proposed revision deletes a word and a parenthetical phrase and inserts a word.

Rationale for Necessity:

The proposed change deletes and inserts words and deletes an unnecessary parenthetical phrases, so that language is consistent throughout the regulations.

Section 97243 (b) (5)**Specific Purpose:**

The proposed revision deletes the number of corrections necessary for the Office to require replacement media and inserts language stating when correction or replacement may be required. The proposed change inserts section numbers that contain requirements that may require corrections. The proposed change inserts punctuation. The proposed changes deletes mention of the Discharge Data Program Editing Criteria Handbook, to whom copies of that document are distributed, and when copies of that document are distributed.

Rationale for Necessity:

The proposed change deletes the specific number of corrections necessary for the Office to require replacement media. The stated number (greater than 600) of corrections required to replace discharge data is arbitrary and in practice proved to be impractical and unworkable. Hospitals have requested to replace the data when there are less than 600 corrections necessary. It is less labor intensive to key-enter the corrections in the hospital's computer system and resubmit the data electronically to the Office than to make the corrections on the Office's reports manually and key-enter them in the hospital's computer system as well. It is also less labor intensive for the Office because the corrections do not have to be key-entered into the Office's computer system and can be run as a new report. The proposed change inserts language stating that correction or replacement may be required as a result of not meeting the Office's requirements in Section 97213; data element definitions in Sections 97216 through 97233, and/or not meeting error tolerance levels in Section 97242. Section 97213 includes the reporting requirements for specific numeric values for each types of care. Section 97232 is deleted because the last data element definition is now the proposed new 97233, Prehospital Care and Resuscitation. Section 97242 includes error tolerance levels to which data are required to be corrected. The proposed changes inserts punctuation, so that language is consistent throughout the regulations. The proposed changes deletes mention of the Discharge Data Program Editing Criteria Handbook, to whom copies of that document are distributed and when copies of that document are distributed. The Discharge Data Program Editing Criteria Handbook contains the Office's criteria by which discharge data are edited, e.g., a patient's birth date is after the discharge date. The Office's standard operating procedure is that the Editing Criteria Handbook is distributed to all hospitals.

Section 97243 (c)

Specific Purpose:

The proposed revision deletes Subsection (c)

Rationale for Necessity:

The proposed change deletes Subsection (c) because a proposed revision combines it with Subsection (b). Please see Section 97243 (b), above, for details.

Section 97243 (c) (1)

Specific Purpose:

The proposed revision renumbers Subsection (c) (1) to Subsection (b) (6) and changes a reference.

Rationale for Necessity:

The proposed change renumbers Subsection (c) (1) to Subsection (b) (6), as Subsection (c) is deleted and combined with Subsection (b). A new definition is proposed in Section 97212 necessitating the reference change from Subsection (e) to Subsection (d).

Section 97243 (c) (2)

Specific Purpose:

The proposed revision deletes Subsection (c) (2).

Rationale for Necessity:

The proposed change deletes Subsection (c) (2) because it is combined with Subsection (b) (5). Please see Section 97243 (b) (5), above, for details.